

CUB SCOUT DAY CAMP VOLUNTEER AGREEMENT

I would like to volunteer at Cub Scout Day Camp at _____ (camp location) during the week of _____. I will pay the registration fee for my camper which will be refunded to me after I have completed all hours/days as a camp volunteer.

My Camper's/Scout's name is _____.

Please initial each line below after reading it.

___ I understand that I must be Youth Protection Trained to volunteer at camp

___ I understand that I must attend a pre-camp training (dates TBD)

___ I understand that I am expected to attend **ALL 5 days** of camp

___ I understand that while I may request a specific camp duty that I will be placed wherever I am needed the most.

___ I understand that I will be required to have a physical and submit the paperwork (physical must be within one year of camp date)

___ I understand that in past years I may have been able to skip pre-camp training, this year I **MUST** be present at one of the training dates provided or I will not be eligible to volunteer (this will apply to both adult & youth volunteers).

I, _____ (name) have read the above and understand that these are the requirements of all volunteers at Cub Scout Day Camp and by signing below I am agreeing to meet all of these requirements in exchange for a free week of camp for my child. I will initially pay the fee to register my camper which will be returned to me after I have completed my obligation. If I do not fulfill these requirements, I will not receive a refund of the youth fee paid.

Signature

Date

If you have any questions or concerns, please contact Carolyn Cruson, 203-951-0237.